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PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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Application Number	10/582,131
Filing Date	June 8, 2006
First Named Inventor	Abarghaz
Art Unit	unassigned
Examiner Name	unassigned
Attorney Docket Number	3665183

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: client/assignee request transfer of application to new attorneys

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Name	B. J. Sadoff	Registration No.	36663
Date	March 6, 2007	Telephone No.	703-816-4000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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